

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS, BALTIMORE CITY, MD 21201. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99772 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 12<sup>th</sup> 1887

Full Name of Deceased, Howard Wood { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 2 Years, 5 Months,  Days.

Color, Black

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation,

Birth Place, B. City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2-8

Place of Death, 121 E. York St { Give Street and Number. }

Cause of Death, Phthisis Pulmonalis { First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Funeral Home

Date of Burial, May 14 1887

Undertaker, Hercules Ross Ross & Sons M. D.

Place of Business, 405 E. Pratt St Address, 913 Light Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed, 10/25/2022.

The Special Registrar of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99793 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, May 13<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Furlong

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 8 Years, X Months,  Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, X X X X

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balti. Co. Md.

Duration of Residence in the City of Baltimore, 8 mo

Place of Death, { Give Street and Number. } 870 S. Bond

Cause of Death, { First (Primary), Cataract

{ Second (Immediate), Asthma

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's

Date of Burial, May 14

{ Undertaker, Wendell Dippel } Wm. H. Norris M. D. Medical Attendant.

{ Place of Business, 151 S. Bond } Address, 1300 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99794 Office of Registrar of Vital Statistics.

Ward 2

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CERTIFICATE OF DEATH.

Date of Death, May 12 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Q Merrick

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years, Months, Days

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Wycombe Co Md

Duration of Residence in the City of Baltimore, 15 yr

Place of Death, { Give Street and Number. } No 420 S. Wolf Street

Cause of Death, { First (Primary), Pleuritis }  
{ Second (Immediate), }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, May 13<sup>th</sup> 1887

Undertaker, M. A. Daiger Atty.

Place of Business, 229 S. Bwy.

J. T. Spicknall M. D.  
Medical Attendant.

Address, 24 N. Patterson Pl Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99795 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, May 13<sup>th</sup> 1887

Full Name of Deceased, Ada L. Tracey (Write legibly and spell correctly. If an Infant not named, give names of parents.)

Sex, Male or Female, (Cross out the word not required in this line.)

Age, 0 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation, Baltimore

Birth Place, Baltimore (State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, All her life

Place of Death, 204 Montgomery St (Give Street and Number.)

Cause of Death, Croup Membranous (First (Primary), Second (Immediate))

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 14<sup>th</sup> 1887

Undertaker, Thos. C. C. M. D.

Place of Business, 715 Light St Address, 518 Hancock St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 99796  
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99796 Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 14, 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Israel Coates  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, Fifty-two Years, Months, Days  
Color, White  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married  
Occupation, Blacksmith  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland  
Duration of Residence in the City of Baltimore, Forty years  
Place of Death, { Give Street and Number. } No. 1242 Harford ave.  
Cause of Death, { First (Primary), } Carcinoma  
{ Second (Immediate), } Arteriosclerosis  
Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery  
Date of Burial, May 16th  
{ Undertaker, Geo Schilling }  
{ Place of Business, Ashland Square } Address, 1241 Harford ave  
Prof. R. C. Howell, M. D.  
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99797 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 14<sup>th</sup> 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude A Barnes  
Sex, Male ~~Female~~, { Cross out the word not required in this line. }  
Age,        Years, 7 Months, 17 Days.  
Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,       

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } No 605 Pierce St

Cause of Death, { First (Primary), Second (Immediate), } Whooping Cough  
Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 16<sup>th</sup> 1887

{ Undertaker, A Hemsly } James A Steun M. D.

{ Place of Business, 561 Orchard } Address, Camp 16 & A

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKeuen Sanitary Inspector [OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

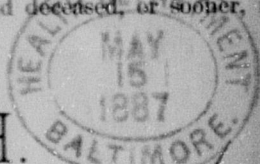
# Health Department, City of Baltimore.

Permit No. 99798 Office of Registrar of Vital Statistics.

Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, May 13<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Delia Hester

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 38 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, over 30 years.

Place of Death, { Give Street and Number. } 815 Willow St.

Cause of Death, { First (Primary), Second (Immediate), } valvular disease of Heart.  
Pulmonary obstruction - Exhaustion

Duration of Last Sickness, about two months, confined to house.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 15<sup>th</sup>

Undertaker, Wm. Schaeffer C. O. Donovan M. D. Medical Attendant

Place of Business, # 8. S. Front St. Address, 311 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99799 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 14 - 89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna R. Marguand

Sex, Male or Female, { Cross out the word not required in this line. }

Age, White Years, 5 Months, 5 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, always

Place of Death, { Give Street and Number. } 1355 Washington St

Cause of Death, { First (Primary), Second (Immediate), } Cerebral from Cerebral Embolism  
Cyanosis (Asphyxia)

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Mathai Cemetery

Date of Burial, May 15th 1889

{ Undertaker, Mr. Nicolaus } Frank C. W. W. M. D.  
Medical Attendant.

{ Place of Business, 1715 Alice Ann } Address, 71 B. Ave. 100

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99800 Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 14<sup>th</sup> 1887 early this morning

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward B. Wheeler

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 28 Years,        Months,        Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Architect & Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, Ten years

Place of Death, { Give Street and Number. } N. W. Cor Mount & Fayette Sts - N. Mount St

Cause of Death, { First (Primary), Second (Immediate), } Gas-poisoning, supposed to have been caused intentionally -

Duration of Last Sickness,       

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 15<sup>th</sup> 1887

{ Undertaker, } Jos B Cook L. G. Spanow M. D.

{ Place of Business, } 1003 W Baltimore Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99801 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 14<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lola B. Payne

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 7 Months, 7 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Balch

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balch

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 509 Oxford St.

Cause of Death, { First (Primary), Second (Immediate), } Convulsions  
one week

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Lauril Cemetery

Date of Burial, May 15 1887

Undertaker, Hercules Ross

Place of Business, 124 Bond St. Address, 1019 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]